

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re:

TRACIE TONISIA LOVE,

Debtor.

Chapter 7
Case No. 13-49628-WSD
Hon. Walter Shapero

MICHIGAN DEPARTMENT OF HUMAN
SERVICES,

Plaintiff,

v

Adversary Proceeding No. _____
Hon. Walter Shapero

TRACIE TONISIA LOVE,

Defendant.

**COMPLAINT TO DETERMINE DISCHARGEABILITY
OF DEBT UNDER 11 U.S.C. § 523(A)**

Now comes Plaintiff, Michigan Department of Human Services, by and through its attorneys, Bill Schuette, Michigan Attorney General, and Travis M. Comstock, Assistant Attorney General, and objects as follows to the dischargeability of the debt owed by Defendant Tracie Tonisia Love:

JURISDICTION

1. Pursuant to 28 U.S.C. § 157 and 28 U.S.C. § 1334, this Court has jurisdiction to determine the rights of the parties as to a determination of dischargeability of Love's debt under 11 U.S.C. § 523(a).

2. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(I).

GENERAL ALLEGATIONS

3. The Department incorporates ¶¶ 1-2.
4. Love is a resident of Eastpointe, Macomb County, Michigan.
5. Love filed a Chapter 7 bankruptcy petition on May 10, 2013, scheduling a debt to the Department in the amount of \$6,000.00 as a priority unsecured debt (Docket No. 1, p 17).
6. The Department is an agency of the State of Michigan, and among other duties administers the federal Supplemental Nutrition Assistance Program (SNAP) pursuant to 7 U.S.C. § 2011, *et. seq.*, and Mich. Comp. Laws § 400.10. The Department operates the SNAP program as the Food Assistance Program (FAP) (formerly known as the Food Stamp Program). Mich. Comp. Laws § 400.10.
7. FAP benefits are provided to families that are eligible based on income, family size, and other qualifications.
8. The Department also administers the federal Temporary Assistance for Needy Families program (TANF), 42 U.S.C. § 601, *et. seq.*, and operates the program as the Family Independence Program (FIP). Mich. Comp. Laws § 400.10 and § 400.57a. *See also* Mich. Comp. Laws § 400.226 (renaming the Michigan Family Independence Agency the Department of Human Services).
9. FIP benefits are provided to, among others, low-income families with minor children.
10. Pre-petition Love applied in writing for FAP and FIP benefits for her, her dependent daughters, and her sister, a member of her household.

11. The application included instructions detailing an applicant's obligation to report all changes in employment and earned income within 10 days to the Department. *See also* Mich. Comp. Laws § 400.60(b) (imposing on persons receiving public benefits the continuing obligation to provide the Department with information about changes in income that may decrease the need for benefits).

12. Love worked for the Detroit Department of Transportation as a Transportation Station Worker until April of 2003, and was reinstated in January of 2004.

13. Love's reinstatement included full back pay of \$36,560.48 for the time between April of 2003 and January of 2004.

14. Love signed an assistance application on November 9, 2004, but failed to disclose full information regarding her employment and earned income from the Detroit Department of Transportation.

15. Love only disclosed that someone in the household earned \$191.50 every two weeks.

16. The Detroit Department of Transportation verified that as of November 26, 2004, Love worked for the department and earned a total of \$63,464.09 for the year to date and was paid \$1,366.38 in bi-weekly earned income. (Exhibit 1, p. 1.)

17. Despite acknowledging an obligation to report, Love intentionally failed to disclose to the Department on the November 2004 application, or within 10

days, full information regarding employment and earned income from the Department of Transportation.

18. Due to Love's intentional failure to disclose her change in employment and earned income at the Department of Transportation in 2004, the Department overpaid a total of \$6,622.00 in FAP and FIP benefits for which Love and her dependent(s) were not eligible to receive.

19. On January 9, 2007, following an investigation by the Department's Office of Inspector General, Love signed an Intentional Program Violation Repayment Agreement with the Department in which she admitted receiving more benefits than she was eligible for and agreed to repay the fraudulently received benefits. (Exhibit 2.)

20. Love also signed a Disqualification Consent Agreement on February 27, 2007, stating that because she intentionally violated the program rules for FAP and FIP she would be disqualified from receiving benefits for 1 year. (Exhibit 2.)

21. On February 27, 2007, a Michigan circuit court entered an Order of Probation on Love's misdemeanor welfare fraud conviction, Mich. Comp. Law § 400.60(2)(a), requiring that she make restitution to the Department. (Exhibit 3.)

22. As of the petition date, Love owed the Department \$5,603.00 for the FAP and FIP welfare fraud debt. (Exhibit 4.)

COUNT I – 11 U.S.C. § 523(A)(2)(A)

23. Department restates and incorporates ¶¶ 1-22.

24. Love intentionally failed to inform the Department of her reinstatement to employment with the Detroit Department of Transportation with the intent to deceive the Department in order to continue receiving food and cash assistance benefits for which she did not qualify.

25. Love intentionally and falsely misrepresented to the Department in her application for FAP and FIP benefits in November of 2004 that her household only had \$191.50 every two weeks in income when in fact she earned \$1,366.38 every two weeks. (Exhibit 1.)

26. Love knew she was required to report in her application for FAP and FIP benefits all employment and earned income but intentionally failed to do so in order to receive public assistance benefits for which she did not qualify.

27. The Department relied on Love's intentional misrepresentation that her employment circumstances had not changed and intentional misrepresentation of employment and earned income information.

28. Based on that reliance, the Department paid Love substantial sums of public assistance benefits.

29. The Department has ascertained the false, inaccurate, and fraudulent nature of the representations for benefits and certifications of income filed by Love resulting in the over-issuance of benefits in the amount of \$6,622.00, of which Love currently owes \$5,603.00.

COUNT II – 11 U.S.C. § 523(A)(2)(B)

30. The Department restates and incorporates ¶¶ 1-29.

31. Love's November 2004 re-application for FAP and FIP benefits was a statement in writing.

32. That re-application was materially false because Love intentionally concealed or understated her assets by failing to include information regarding her employment at a bi-weekly income of \$1,366.38 from the Department of Transportation. (Exhibit 1.)

33. The application concerned Love's financial condition because it pertained to employment and income, both of which are critical factors in the determination of FAP and FIP benefits eligibility.

34. The application directly affected the Department's decision as to the amount of FAP and FIP benefits Love and her household were eligible to receive.

35. The Department did in fact reasonably rely on the income stated in the application in making a determination of Love's eligibility for FAP and FIP benefits.

36. Love completed the application with the intent to deceive the Department because she had the duty to disclose all employment and earned income and she intended the application to be false.

COUNT III - 11 U.S.C. § 523(A)(5)

37. The Department restates and incorporates ¶¶ 1-36.

38. A "domestic support obligation" is "a debt that accrues before, on, or after" the petition date that is owed or recoverable by a "governmental unit" and is

“in the nature of . . . support (including assistance provided by a governmental unit)” of a spouse, former spouse, or child of the debtor. 11 U.S.C. § 101(14A).

39. The FAP and FIP benefits overpayment debt owed by Love to the Department accrued pre-petition and is owed to a governmental unit.

40. The FAP and FIP benefits overpayment debt is assistance by a governmental unit in the support the children or dependents because eligibility and the amount of benefits received depends on family size or is only available for families with children.

41. The \$5,603.00 currently owed by Love to the Department therefore is a “domestic support obligation.” *See Wisc. Dep’t of Workforce Development v. Ratliff*, 390 B.R. 607 (E.D. Wisc. 2008) (food stamp over-issuance is a “domestic support obligation” because benefits allocated based on reported income of the debtor for the support of herself and her kids); *In re Anderson*, 439 B.R. 206, 208-09 (Bankr. M.D. Ala. 2010) (same).

COUNT IV - 11 U.S.C. § 523(A)(7)

42. The Department restates and incorporates ¶¶ 1-41.

43. A debt is non-dischargeable if it is a “fine, penalty, or forfeiture payable to and for the benefit of a governmental unit[.]” 11 U.S.C. § 523(a)(7).

44. The Department is a “governmental unit.” 11 U.S.C. § 101(27).

45. On February 27, 2007, the Wayne County Circuit Court entered an Order of Probation requiring, among other things, that Love make full restitution to the Department. (Exhibit 3.)

46. Under well-established and binding United States Supreme Court precedent, restitution ordered paid to a governmental agency in a pre-petition order of probation is non-dischargeable under 11 U.S.C. § 523(a)(7). *In re Browning*, 449 B.R. 902, 905 (Bankr. W.D. Ky. 2011) (citing and discussing *Kelly v. Robinson*, 479 U.S. 36, 52 (1986)).

WHEREFORE, the Michigan Department of Human Services requests an Order that, pursuant to either 11 U.S.C. § 523(a)(2)(A), § 523(a)(2)(B), § 523(a)(5), or § 523(a)(7), the Defendant Tracie Tonisia Love is not entitled to discharge of her debt to the Michigan Department of Human Services, and for a Judgment in accordance with that Order, in the amount of \$5,603.00, together with costs in accordance with law.

Respectfully submitted,

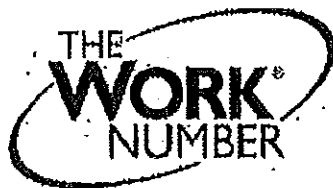
Bill Schuette
Attorney General

/s/ Travis M. Comstock (P72025)
Assistant Attorney General
Health, Education & Family
Services Division
P.O. Box 30758
Lansing, MI 48909
(517) 373-7700
Email: comstockt@michigan.gov

Dated: July 29, 2013

Exhibit 1

The Work Number® | Automated Employment and Income Verification



Faxed to: (313)972-4788

The following information is provided in response to your request on: 12/08/2004

Information not provided by the employer is shown as "Data Not Provided."

The employer provided this information to The Work Number® to act as their official agent for employment and income verification. Any inconsistency between the most recent start date and the total time with the employer is due to a prior work period or leave of absence. If you have questions, please call our Client Service Center at 1-800-996-7566 (voice) / 1-800-424-0253 (TTY / Deaf).

Employment and income information is current as of: 11/26/2004

Your reference number is: 144266100

EMPLOYEE

Name: TRACIE T. LOVE
Social Security Number: [REDACTED] 4969
Home Address: Data Not Provided

EMPLOYER

Name: 10432- City of Detroit
Headquarters Address: 1300 Rosa Parks Blvd,
Detroit, MI 48226

Home Phone: Data Not Provided
Date of Birth: Data Not Provided

Federal Employer Identification Number (FEIN): Data Not Provided
Division: TRANSPORTATI

EMPLOYMENT

Employment Status: Active
Most Recent Start Date: 09/17/1996
Original Hire Date: Data Not Provided

Total Time with Employer: 9 years and 2 months
Job Title: TRANS STATION WORKER
Union Affiliation: Data Not Provided
Work Location (Job Site): Data Not Provided

MEDICAL INSURANCE

Medical Coverage: Data Not Provided
Medical Carrier Name: Data Not Provided

DENTAL INSURANCE

Dental Coverage: Data Not Provided
Dental Carrier Name: Data Not Provided

VISION INSURANCE - Data Not Provided

WORKER'S COMPENSATION - Data Not Provided

INCOME AND DEDUCTIONS

Average Hours per Pay Period: 80
Rate of Pay: \$1,366.38 / Bi-weekly
Pay Cycle: Data Not Provided

	2004	2003	2002
Total Gross:	\$63,464.09	\$10,546.14	\$40,432.36

Payroll Deduction For All Insurance Coverage: Data Not Provided

CURRENT PAY PERIOD DETAIL - Data Not Provided

www.theworknumber.com

1 of 3 Pages

For Customer Service

1-800-660-3399

1-800-996-7566

HISTORICAL PAY PERIOD SUMMARYPay Period End DatePay DateHours WorkedGross EarningsNet

SPECIAL INFORMATION ABOUT THIS EMPLOYER

Exhibit 2

**INTENTIONAL PROGRAM VIOLATION
REPAYMENT AGREEMENT**
State of Michigan
Family Independence Agency
OFFICE OF INSPECTOR GENERAL

Grantee Name		
TRACIE T LOVE		
Case Number		
V3270734A		
County	District	OIG Agent
82	76	K. Christian
OIG INV#		Date
1000253801		

You received more benefits than you were eligible to receive from the Family Independence Agency during the period of 01/01/2004 to 12/31/2004.

The total overpayment is:

<u>4,776.00</u>	for the Family Independence Program (FIP or ADC)
	for the State Disability Program (SDA)
<u>1,846.00</u>	for the Food Assistance Program (FAP or FS)
	for the _____ Program

The reason for this overpayment of benefits is:

☒ Your failure to provide complete information about: Your return to work for the City of Detroit after you were reinstated on your job in 1/2004.

☐ It has been determined that your FAP benefits were trafficked.

As evidenced by: Employment verification from City of Detroit, Application /Redetermination forms dated 11/07/2003 and 11/9/2004 and EBT History for Cash and FAP benefits

The attached Overissuance Summary explains how the amount of your overissuance was calculated.

You have the right to inspect and request copies of records related to this overissuance.

Page 2 of this form must be signed and returned by _____ otherwise further action will be taken by FIA.

OIG Agent	Phone #
Kelvin Christian	313 456-1414
Address	
O.I.G. - Cadillac Place - 3038 W. Grand Blvd. Suite 6-500 Detroit, MI. 48202-6038	

If you do not understand this, call your local Family Independence Agency Office. Si Ud. no entiende esto, llame a su oficina local de la Agencia para la Independencia de la Familia. إذا قابلت صعوبة في فهم هذا الطلب - الرجاء الاتصال بمكتبك المحلي لخدمات العائلة	AUTHORITY: 7 USC 2022; 7 CFR 273.16; MCL 400.60; 4 400.3011; R 400.3129-R 400.3131; R 400.3159; R 400.3177-R 400.3179; R 400.5014 COMPLETION: Voluntary PENALTY: None
The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.	"In accordance with Federal Law and U.S. department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Grantee Name TRACIE T LOVE.	Case Number V3270734A
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REPAYMENT TERMS (Program Administrative Manual Items 700, 720, 725, 730)

The law requires that you repay this overissuance (OI) to the Family Independence Agency (FIA). These are the choices you have for repaying this overissuance:

1. LUMP SUM CASH REPAYMENT: You may choose to make an initial cash payment of all or part of the overissuance.
2. ADMINISTRATIVE RECOUPMENT (BENEFIT REDUCTION): If your case is active for the program in which the overissuance occurred, your benefits will be reduced until the full amount is repaid to FIA. If you are active for FIP or SDA, your grant will be reduced by 10% of your total needs (or a lesser amount to keep your cash grant at \$2). If you are active for FAP, your benefits will be reduced by 20% of your monthly benefit or \$20 per month (whichever is higher).
3. CHILD DEVELOPMENT AND CARE (CDC) overissuances must be paid in cash while the CDC case is active or closed. The minimum required cash payment for CDC is \$50 per month.
4. FOOD ASSISTANCE SUPPLEMENTS: If you become eligible for supplemental FAP benefits while you still owe an overissuance balance, the supplemental issuance will be used in part or in whole to repay the balance.
5. EXPUNGED EBT BENEFITS: If you do not use your EBT food assistance benefits for over one year, the balance will be expunged. These expunged FAP benefits will be applied to any outstanding OI.
6. MONTHLY CASH PAYMENTS: If your case is inactive for the program in which the overissuance occurred, you must pay monthly cash payments on the outstanding OI.

CASH RECOUPMENT: I agree to make monthly cash payments until the debt is paid in full. I will pay the balance of \$6,622.00 in monthly cash payments of \$50 or 10% of my after-tax monthly family income (whichever is greater). Payments will be split equally among the programs overissued. Payments are due on the 1st of each month beginning APRIL 2007 and continuing until paid in full.

OTHER RECOUPMENT INFORMATION: I understand that if my case closes or reopens, the manner of recoupment will change from administrative to cash or from cash to administrative as described above.

OFFSET: The State of Michigan may withhold any refund (including state income tax) or payment (including lottery winnings) to which I may be entitled from the State of Michigan as additional payment on this debt, regardless of whether I am repaying the debt via cash recoupment or administrative recoupment.

DEFAULT: Permission to make installment payments may be withdrawn, and the entire debt will be due immediately, if I default on the conditions of this agreement for more than 60 days or if it is determined that collection of this debt is endangered. If the debt becomes delinquent, I may be subject to additional processing fees. The debt may be referred to other collection agencies and collected by any means necessary and appropriate. This includes, but is not limited to: (1) A levy on disposable earnings to the extent provided in section 303 of the Consumer Credit Protection Act, 15 USC 1673, (if wages are levied, the levy will continue until the debt is paid in full); (2) Seizure of property without further notice; (3) Submission to the Federal Treasury for collection action, (4) Legal action resulting in a judgment against me for the full amount of this debt. Such judgment will adversely affect my credit rating.

NOTE: FIA intends to collect this overpayment from any adults who were members of the household at the time of the overissuance. Other adult household members and spouses must sign a separate agreement form. In cases of extreme hardship, FIA may reduce the amount of this debt.

REPAYMENT AGREEMENT: I understand and acknowledge that FIA has determined that I received an overpayment of benefits. I agree to pay back the amount shown above. If my household assets and/or income increase, or my ability to pay otherwise improves, FIA reserves the right to change the monthly repayment amount or require payment in full of the entire debt. I understand that refusal to sign this agreement will have no effect on my eligibility for assistance. I am signing this agreement of my own free will and no threat, duress or coercion has been used to make me sign it.

Customer Signature X <u>Tracie Love</u>	Social Security Number <u>[REDACTED] 4959</u>	Date <u>1-19-07</u>
Address <u>5510 Buckingham</u>	City <u>Detroit</u>	State <u>MI</u>
	Zip <u>48224</u>	Phone Number <u>(313) 826-6656</u> <u>826</u>

DISQUALIFICATION CONSENT AGREEMENT

State of Michigan
Department of Human Services
OFFICE OF INSPECTOR GENERAL

Case Number V3270734A		
County 82	District	OIG Agent CHRISTIAN
OIG INV# 1000253801		Date

TRACIE LOVE

A person who intentionally violates Family Independence Program (FIP), State Disability Assistance (SDA), or Food Assistance Program (FAP) regulations can be disqualified from the program. We have evidence that you intentionally violated program regulations, and believe that you should be disqualified as follows:

FIP	Program for	<input checked="" type="checkbox"/> 1 year (first penalty)	<input type="checkbox"/> 2 years (second penalty)	<input type="checkbox"/> Permanently (third penalty)
FAP	Program for	<input checked="" type="checkbox"/> 1 year (first penalty)	<input type="checkbox"/> 2 years (second penalty)	<input type="checkbox"/> Permanently (third penalty)
	Program for	<input type="checkbox"/> 1 year (first penalty)	<input type="checkbox"/> 2 years (second penalty)	<input type="checkbox"/> Permanently (third penalty)
FAP	Program for	<input type="checkbox"/> Life time FAP Trafficking Court Disposition		

If you sign this Disqualification Consent Agreement, you will be disqualified from participating in the programs shown even if you do not admit to the facts in your case. The disqualification period is 1 year for the first offense, 2 years for the second offense, and permanently for the third offense or 10 years for receipt of duplicate benefits for FAP. You and the adults who were members of your household when you received the overpayment will have to repay the extra benefits you received. You will be expected to begin repayment while you are disqualified. Your benefits may be reduced during the disqualification period even if you do not agree to the facts.

If you agree to this disqualification, sign your name, and enter today's date in the box below. If you are not the head of your household, that person must sign a separate agreement. Return these signed agreements in the envelope provided. Keep copies for yourself.

Return a copy of all signed documents by _____.

You may contact the person below for additional information about this agreement.

Prosecuting Attorney or Representative (OIG Agent) Kelvin Christian	Phone Number 456-1414
Address 3036 W. Grand Blvd Det 48202	

A repayment agreement is enclosed and must also be signed and returned for this agreement to be accepted.

Understand that by agreeing to disqualification, a penalty will be imposed, which may result in a reduction in my household's benefits.

Client/Former Client Signature will be exp. period even Tracie Love	Date 2-27-07
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If you do not understand this, call your local Department of Human Services. Si usted no entiende esto, llame a su oficina local del Department of Human Services. معرفة في فهم هذا الطلب - الرجاء الاتصال بمكتب المحلي لإدارة الخدمات الإنسانية	AUTHORITY: 7 USC 2022; 7 CFR 273.16; MCL 400.80; R 400.3011; R 400.3120-R 400.3131; R 400.3169; R 400.3177-R 400.3179; R 400.5014 COMPLETION: Voluntary PENALTY: None
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In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA Office of Civil Rights, 300 7th St. SW, Suite 400, Washington D.C. 20024-2601 or call (888) 632-9992 (toll free) or (202) 401-0216 (TDD). USDA is an equal opportunity provider and employer.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Exhibit 3

Original - Court

Copies: 1st - Probation 2nd - Defendant3rd - Financial Services

STATE OF MICHIGAN THIRD JUDICIAL CIRCUIT WAYNE COUNTY	ORDER OF PROBATION (Felony) Misd	CASE NO. 07019008
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ORI 82-1095J

Court address - 1441 St Antoine, Detroit, MI 48220

Court Telephone No.

THE PEOPLE OF THE STATE OF MICHIGAN
Probation Officer
Term <u>2 years</u>

Defendant's Name, Address, and Telephone No., alias		
TRACIE LOVE		
CTN	SID	DOB

CONVICTED OFFENSE

400602-A

- ☐ Judgement of guilt is deferred under:
- ☐ MCL 333.7411; MSA 14.15(7411), Controlled Substance Act
- ☐ MCL 750.350a; MSA 25.582(1), Parental Kidnapping Act

- ☐ MCL 762.11; MSA 28.853, Youthful Trainee Status
- ☐ MCL 769.4a; MSA 28.1076(1) Spousal Abuse Act

IT IS ORDERED that the defendant be placed on probation under the supervision of the above named probation officer for the term indicated, and that the defendant shall:

1. Not violate any criminal law of any unit of government.
2. Not leave the state without the consent of this court.
3. Make a truthful report to the probation officer monthly, or as often as the probation officer may require, either in person or in writing as required by the probation officer.
4. Notify the probation officer immediately of any change of address or employment status. Defendant shall not change residence out prior permission of assigned probation agent.

5A. Pay the following to the court:

Crime Victim Assessment fee (MCL 780.905) Felony/Misdemeanor...	\$60.00/\$50.00
Fine	\$
Costs per year	\$350
Restitution	\$
Attorney fees	\$250
State Minimum Costs -	60
Felony \$60.00/Serious, Specified Misd \$45.00/Simple Misd \$40.00...	\$

(per convicted count, not per case) MCL 769.1j

Total \$675

5B. ☐ Total amount due as shown in 5A, shall be paid in installments of \$ TBD per _____ starting on _____ and shall be paid in full

By the due date on the judgement of sentence unless otherwise ordered. Fines, costs, and fees not paid within 56 days of the date owed are subject to a 20% late penalty on the amount owed. If a cash bond/bail was personally posted by the defendant, payment toward the total is to first be collected out of that bond/bail and allocated as specified under MCL 775.22.

5C. ☐ Perform 15 hours of Community Service per week ☐ IN LIEU OF: ☐ Costs ☐ Attorney fees

6. Pay a supervision fee to the Department of Corrections in the amount of \$ _____. The fee is payable immediately and applies to all delayed sentences. A supervision fee may not be ordered or collected for defendants whose judgement of guilt has been deferred under MCL 750.350a.

☐ Total amount due may be paid in installments of \$ _____ per _____ starting on _____ payable to the State of Michigan.

7. ☐ Serve _____ of the probation period in ☐ WCJ ☐ HWH ☐ SAI (Boot Camp) ☐ Tether ☐ Days credit

8. ☐ Enrollment/continue educational/vocational training. ☐ obtain GED

9. ☐ Seek and maintain employment ☐ full time ☐ part time

10. ☐ Undergo periodic urinalysis upon request of the probation officer. ☐ Non prescribed drugs of alcohol

11. ☐ Participate in psychological evaluation and, if indicated treatment as directed by probation officer.

12. ☐ Undergo substance abuse counseling and treatment until medically released. ☐ In-Patient ☐ Out-Patient

13. ☐ Alcoholics Anonymous/Narcotics Anonymous treatment. ☐ 90 meetings for 90 days; then 5 meetings each week for one year, then 4 meetings each week thereafter and show proof of attendance to probation agent on demand.

14. ☐ Participate in counseling required by MCL 333.5129(3) HIV

15. Probation Violation ☐ all previous conditions remain in effect ☐ added costs for violation \$ _____

16. ☐ Other

Institution to the Michigan Dept of Human Services

Failure to comply with this order may result in a revocation of probation and incarceration.

Date 2-27-07 Judge Charles A. Braxton Bar No. P3728V

I have read or heard the above order of probation and have received a copy. I understand and agree to comply with this order.

Date _____ Defendant Signature _____

If the judgement of guilt is deferred as stated above, the clerk of the court shall send a photo copy of this order to the Michigan State Police Central Records Division to create a criminal history record as required under MCL 769.16a, MCL 600.4803, MCL 769.1a; MSA 28.1073, MCL 771.1 et seq., MCL 775.22; MSA 28.1259, MCL 780.826; MCL 805; MSA 28.1287 (826), MCR 6.445

Exhibit 4



Claim Adjustment

Search Criteria

Claim #: R0501100027



Claim Information

Case #:	103387327	Case Name:	Love, Tracie
Claim #:	R0501100027	EDG #:	24051232
Claim Type:	Conversion	Error Type:	Intentional Program Violation
Program Code:	Cash	Type of Assistance:	Family Independence Program (FIP)
Begin Date:	01/01/2004	End Date:	12/31/2004
Over Pay Amount:	\$ 4776.00	Outstanding Balance Amount:	\$ 4,267.00
Establishment Date:	01 / 19 / 2007	Discovery Date:	08 / 25 / 2005
Delinquency Date:	01 / 01 / 2013	Agreement Sign Date:	01 / 19 / 2007
Status:	Bankruptcy		
Error Reason:	Client did not report	Recoupment Amount:	\$ 0.00
Source:	Court Order	Recoupment Percentage:	10
IPV Type:	IPV	Debt Status :	
		Previous Referral Status:	
		Collection Referral Status:	Referred for Collection
Court Order #:	07019008		
TOP Referral Notice Issue Date:	mm / dd / yyyy	TPO - 1st Notice Date:	03 / 26 / 2012
MARCS Referral Notice Issue Date:	mm / dd / yyyy	TPO - 3rd Notice Date:	mm / dd / yyyy
IPV Repay Notice Sent Date:	mm / dd / yyyy		

Adjustment Type:	Adjustment Date:	mm / dd / yyyy
Adjustment Reason:	Adjustment Amount:	\$

Override Reason: Administrative Decision

Comments: Chapter 7 bankruptcy petition received, filing date 05/10/2013; PCN 05/17/2013



Claim Adjustment

Search Criteria

Claim #: 100004571615



Claim Information

Case #:	103387327	Case Name:	Love, Tracie
Claim #:	100004571615	EDG #:	24051226
Claim Type:	System	Error Type:	Client Error
Program Code:	FAP	Type of Assistance:	Food Assistance Program
Begin Date:	12/01/2012	End Date:	01/31/2013
Over Pay Amount:	\$ 1336.00	Outstanding Balance Amount:	\$ 1,336.00
Establishment Date:	02 / 14 / 2013	Discovery Date:	02 / 14 / 2013
Delinquency Date:	03 / 17 / 2013	Agreement Sign Date:	mm / dd / yyyy
Status:	Bankruptcy		
Error Reason:	Hearing - Agency Upheld	Recoupment Amount:	\$ 0.00
Source:	Agency Finding	Recoupment Percentage:	
IPV Type:		Debt Status :	
		Previous Referral Status:	
		Collection Referral Status:	
Court Order #:			
TOP Referral Notice Issue Date:	mm / dd / yyyy	TPO - 1st Notice Date:	mm / dd / yyyy
MARCS Referral Notice Issue Date:	mm / dd / yyyy	TPO - 3rd Notice Date:	mm / dd / yyyy

Adjustment Type:	Adjustment Date:	mm / dd / yyyy
Adjustment Reason:	Adjustment Amount:	\$

Override Reason: Administrative Decision

Comments: Chapter 7 bankruptcy petition received, filing date 05/10/2013. PCN 05/17/2013